



CANADIAN BOARD FOR CERTIFICATION OF PROSTHETISTS AND ORTHOTISTS

CONSEIL CANADIEN DE LA CERTIFICATION DES PROTHÉSISTES ET ORTHÉSISTES

APPLICATION SUBMISSION CHECKLIST

The following information is required as part of this application:

1. Notarized application form as to authenticity of the information provided.
2. Exam application fee.
3. Copy of High School Diploma or General education development (GED) equivalent
4. Copy of graduation certificate from a CBCPO accredited Prosthetic/Orthotic school program, if applicable.
5. Proof of status if you are a landed immigrant.
6. Reference form attesting to candidate's work experience. (The supervising certifee or technician must be in good standing with C.B.C.P.O.)

This form must be sealed in the envelope provided, by the supervising certifee or technician. Envelopes with broken seals, or which appear to be altered will be returned to the supervisor without notice given to the candidate. A new form must then be obtained and submitted.

8. Form for name requested on certificate upon receiving registration.

* One passport size photo signed on the front by the applicant.

Please return this checklist with the required documentation in the same order as listed above.

Please note that CBCPO shall keep such records on file, which may contain personal information, and will be handled in accordance with its obligations pursuant to the *Personal Information Protection and Electronic Documents Act* and Regulations and in accordance with its Privacy Policy. The personal information provided will be used solely for the purpose of determining certification status and will be recorded in your membership file. Should you have any questions or concerns regarding our Privacy Policy please contact:

Kathy Kostycz, Privacy Officer
Canadian Board for Certification of Prosthetists and Orthetists
605 – 294 Portage Avenue
Winnipeg, Manitoba R3C 0B9
Phone: (204) 949-4970

CANADIAN BOARD FOR CERTIFICATION OF PROSTHETISTS AND ORTHOTISTS

**APPLICATION FOR EXAMINATION
AS
C.B.C.P.O. REGISTERED ORTHOTIC TECHNICIAN**

(Please print clearly in ink)

Date: _____

1. Name: _____
Last First Middle

2. Mailing address: _____
Street

_____ City Province Postal Code

Res: (____) _____ Bus:(____) _____ Fax: (____) _____

E-mail _____

3. Date of Birth (mm/dd/yy) _____

4. High School Diploma enclosed. _____

Please staple a recent
Passport photo here, which you have signed.

Registration may, at the discretion of the Technician Registration Committee, be refused, revoked or suspended, in the event of any misrepresentation or false statement in this application or in the event of any violation of the Regulations.

To be in good standing with C.B.C.P.O., the member(s) must pay the annual dues by May 1st **and** satisfy all C.B.C.P.O. membership requirements as noted in the current CBCPO Registry and current Registration Program Guidelines.

Neither race, creed, colour, religion, sex, national origin, physical disability nor marital status shall be a consideration of the C.B.C.P.O Board of Directors in granting or refusing to grant Registration to an applicant.

I, THE UNDERSIGNED, AM APPLYING UNDER METHOD _____ OF THE CRITERIA NECESSARY TO SIT THE TECHNICIAN REGISTRATION EXAMINATION, AND HAVE MET ALL THE NECESSARY REQUIREMENTS.

SIGNATURE _____

APPLICATION DEADLINE IS April 28, 2006.

PREVIOUS EXAMINATION HISTORY

Have you previously applied for the Technician Registration Exam? _____

If yes, give years: _____

The discipline to which you applied: _____

The results: _____

PRACTICAL EXPERIENCE

List positions separately, beginning with your present position. Use additional sheet if necessary.

A. Inclusive Dates (Day, Month, Year)

From: _____ To: _____

Name, address and number of employer _____

Supervising C.B.C.P.O. Certified or Registered Practitioner:

Briefly describe your duties: _____

B. Inclusive Dates (Day, Month, Year)

From: _____ To _____

Name, address and phone number of employer: _____

Supervising C.B.C.P.O. Certified or Registered Practitioner: _____

Briefly describe your duties: _____

C. Inclusive Dates (Day, Month, Year)

From _____ To: _____

Name, address and phone number of employer: _____

Supervising C.B.C.P.O. Certified or Registered Practitioner: _____

Briefly describe your duties: _____

SUPERVISING C.B.C.P.O. REFERENCE FORM

Re: _____

Applicant for Examination as C.B.C.P.O. Orthotic Registered Technician

1. I have known this applicant professionally for approximately _____ years.
2. To my knowledge, this applicant is able to fabricate and repair appliances by following accepted Orthotic techniques. This applicant is qualified to serve in a technical relationship with Certifees:

Yes		No	
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3. In my opinion, this applicant is competent in Orthotic technical procedures:

Yes		No	
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Including Design and Fabrication Techniques for Upper extremity, Lower extremity Orthotics and has demonstrated a clear understanding of their technical principles?

Yes		No	
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Comments: _____

This candidate has been involved with the technical evaluation of patients for orthoses of all types and has extensive exposure to the methods of fabrication. He/She can discuss with Certifees the various Orthotic devices and their functions.

Yes		No	
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Anatomical knowledge: Comments:

Ability to communicate: Comments:

Character and Integrity: Comments:

Additional Information: _____

BASED ON YOUR KNOWLEDGE OF THE CANDIDATE, IS THIS PERSON QUALIFIED TO SIT THE ORTHOTIC REGISTRATION EXAMINATION?

Yes		No	
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Signature _____

DATE: _____

(Please Print Name)

Registration may, at the discretion of the C.B.C.P.O. Board of Directors, be refused, revoked or suspended, in the event of any misrepresentation or false statement in this application or in the event of any violation of the Regulations.

**CANADIAN BOARD FOR CERTIFICATION
OF PROSTHETISTS AND ORTHOTISTS**

I, SOLEMNLY DECLARE THAT:

1. To the best of my knowledge, information and belief, the statements contained in the foregoing application to the Canadian Board for Certification of Prosthetists and Orthotists are true and correct in all respects.
2. I have read the regulations pertaining to registration (noted in the Registration Program Guidelines 2005- 2006) application, and understand that any registration, which may be granted, shall be subject to such regulations:
3. I acknowledge and agree that the Canadian Board for Certification of Prosthetists and Orthotists may keep the information, including all personal information provided, on file in accordance with its obligations at law pursuant to the *Personal Information Protection and Electronic Documents Act* and in accordance its Privacy Policy. The Canadian Board for Certification of Prosthetists and Orthotists may use my personal information provided to assess my registration, administer my application and this examination, and other connected or related administrative matters.

DECLARED before me at the _____

Of _____

in the Province of _____

this _____ day of _____, 2006

(Applicant)

A Notary Public in and for the Province of _____
(Affix Seal)

Or

Commission of Oaths _____

Date of Expiry
Of Commission

Regulations of the Canadian Board for Certification of Prosthetists and Orthotists (hereinafter called the "Board")

1. Registration may, at the discretion of the Board, be refused, revoked or suspended, or a registered member of the Board may be required to surrender his/her certificate, in the event of any misrepresentation or false statement in this application or in the event of any violation of the Regulations.
2. To be in good standing with C.B.C.P.O., the member(s) must pay the annual dues by May 1st **and** satisfy all C.B.C.P.O. membership requirements as noted in the current CBCPO Registry and current Registration Program Guidelines.
3. Neither race, creed, colour, religion, sex, national origin, physical disability nor marital status shall be a consideration of the Board in granting or refusing to grant registration to an applicant.

Dear Candidates:

RE: Registration Certificate

In order for your registration certificate to be printed upon successful completion of the exams, we would like you to indicate the name preference that you would like to appear on the document and return this with the exam application.

Name for Certificate:

(Please print clearly)

Signature of Applicant

Sincerely,
Kathy Kostycz
Associations Manager, C.B.C.P.O.

Please send this page along with application to:

C.B.C.P.O. Head Office
605 – 294 Portage Avenue
Winnipeg, Manitoba R3C 0B9